

I am Dr Sandra Carbonari. I am a pediatrician in Waterbury, and am currently the President of the CT Chapter of the American Academy of Pediatrics. Today, I am testifying on **S.B. No. 56 (RAISED) An Act Concerning Pulse Oximetry Screening For Newborn Infants**

I also will be submitting testimony of a few other bills on today's agenda.

Incorporation of pulse oximetry to the assessment of the newborn infant can enhance detection of critical congenital heart disease (CCHD). Recently, the Secretary of Health and Human Services (HHS) recommended that screening for CCHD be added to the uniform screening panel. The American Academy of Pediatrics (AAP) has been a strong advocate of early detection of CCHD and fully supports the decision of the Secretary of HHS.

The AAP has published strategies for the implementation of pulse oximetry screening, which addressed critical issues such as necessary equipment, personnel, and training, and also provided specific recommendations for assessment of saturation by using pulse oximetry as well as appropriate management of a positive screening result. The AAP is committed to the safe and effective implementation of pulse oximetry screening and is working with other advocacy groups and governmental agencies to promote pulse oximetry and to support widespread surveillance for CCHD.

Going forward, CT-AAP chapters will partner with CT's DPH to implement the new screening strategy for CCHD and will work to ensure that there is an adequate system for referral for echocardiographic/pediatric cardiac evaluation after a positive screening result. It is imperative that AAP members engage their respective policy makers in adopting and funding the recommendations made by the Secretary of HHS.

We recognize that as Connecticut choose to include critical congenital heart disease (CCHD) screening in our newborn screening panel, they may go about achieving it in a number of different ways — legislation, regulation, or adoption as standard of practice.

In any of these ways, we are recommending that the following be emphasized:

- how all newborns will be screened
- how their results will be reported to those involved in their care
- how those who are not screened at birth are identified and screened in a timely fashion
- how payers will recognize and cover the costs of the work-up and consultation needed when an abnormal screen is identified
- how financing and payment issues are addressed so existing state newborn screening programs are not jeopardized during these challenging economic times
- how state health departments will ensure the effectiveness of the agency's role in implementing the program

While CT SB 56 specifically mentions pulse oximetry screening, we should recognize that the technology could change in the future and having pulse ox as the single defined screening measure would mean going back into the statute to change it at a future date. Working with interested partners, we may want to amend the bill to require "a newborn screening test for critical congenital heart disease" and have regulations that name pulse oximetry at this time, but would change if a newer, more accurate, cost effective screening comes along in the future.

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